



FOR IMMEDIATE RELEASE

**Egyptian Regional Human Rights Authority
Report of Findings
12-110-9002
Specialized Training for Adult Rehabilitation (START)
November 8, 2011**

The Egyptian Regional Human Rights Authority of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Specialized Training for Adult Rehabilitation (START), a vocational workshop located in Murphysboro. The specific allegation is as follows:

Clients in the Seniors Program at START are not being provided with adequate care and services.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405/2-102) and the Illinois Administrative Code (Adm. Code) (59 Ill. Adm. Code 119.120, 119.235, and 119.255).

Section 5/2-102 of the Code states, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preference regarding emergency intervention under Subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

Section 119 of the Adm. Code contains minimum standards for the certification of Developmental Training (DT) Programs. In Section 119.120 various terms are defined. Imminent risk is classified as "A situation in which individuals in a program are or may be subject to mental, physical, or psychological harm which is not immediately correctable, such as environment or safety hazards." Informed consent is defined as "Permission freely granted by

the individual or guardian based on full disclosure to the individual or guardian of the benefits and/or liabilities of participation in specific procedures and/or services, including the releases of information, as part of the individual's services plan." Neglect is listed as "Failure to provide adequate medical or personal care or maintenance to an individual which results in physical or mental injury or in the deterioration of an individual's physical or mental condition."

Section 119.235 states, "To insure that the individual's rights are protected and that all services provided to the individual comply with the laws cited in subsection (a) and (b) of this Section, providers shall assure that: a) The individual's rights are protected in accordance with the Code, except that the use of seclusion shall not be permitted. b) The individual's right to confidentiality is in accordance with the Act. c) Staff shall inform individuals entering a program of their rights in accordance with subsections (a) and (b) of this Section and of their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., and the provider's human rights committee. Staff shall offer assistance to individuals in contacting these groups, giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc. This information shall be given to the individual and his or her guardian in writing. If the individual is unable to read, the information shall be read and explained to him or her in a language he or she understands. Staff shall, upon request, offer assistance to individuals in contacting the Commission and Protection and Advocacy. d) There is documentation in the record that staff have advised the individual of his or her rights, provided justification for any restriction of the individual's rights in accordance with Chapter 2 of the Code or assisted in contacting the Guardianship and Advocacy Commission. e) Providers have procedures that permit the individual or guardian to present grievances and to appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedures shall require at a minimum: 1) Notification of a right to appeal actions to deny, modify, reduce or terminate services be given to the individual or guardian upon entry into the program; 2) Written notice shall be given, 10 days in advance of actions to deny, modify, reduce or terminate service; 3) that no provider action shall be implemented pending a final administrative decision; 4) Time frames of notice of intent to appeal and the rendering of a final administrative decision; and 5) That no one directly involved in the action or decisions being grieved or appealed shall be part of the review of that action or decision..."

Section 119.255 states, a building used by the provider for the program shall: "1) Be safe and clean; 2) Conform with Chapters 28, 29, 31, specifically Section 31-1.1 through 31-1-6 of Chapter 31) of the NFPA 101, Life Safety Code (national Fire Protection Association, 1988) Storage building of less than 200 square feet of floor area are except from compliance with Chapter 29); 3) Conform with the Environmental Barriers Act (410 ILCS 25) and 71 Ill. Adm. Code 400 (Illinois Accessibility Code) 4) Have a normal temperature and humidity comfort range in accordance with the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (national Association of American Society of Heating, Refrigerating, and air Conditioning, United Engineering Center, 345 East 47th Street, New York, New York 10017, 1977;) and 5) Have a written preventive maintenance program which includes a schedule for inspection and service of equipment and physical plant. b) Toilets and bathrooms shall provide privacy and be located and equipped to facilitate accessibility and independence. When needed by the individual, special assistance or devices shall be provided. c) The provider shall maintain copies of inspections performed by local and state inspectors in

regard to health, sanitation and environment. d) The provider shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary and ensure that: 1) Records and reports of fire and disaster training are maintained; 2) a record of actions taken to correct noted deficiencies in disaster drills or inspections is maintained. 3) Staff know how to react to fire, severe weather, missing persons, medical emergencies, poison control and deaths; 4) Individuals can react to fire and severe weather emergencies or they are receiving training; 5) Staff and individuals can locate fire fighting equipment, first aid kits, evacuation routes and procedures; and 6) A telephone is available with a list of telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel. e) The provider shall have procedures for evacuation which ensure that: 1) Evacuation drills are conducted at a frequency determined by the provider based on the needs and abilities of the individuals served; 2) Evacuation drills occur at least annually; 3) Special provisions are made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind; 4) All personnel are trained to carry out their assigned evacuation tasks; 5) Corrective action is taken when inefficiency or problems are identified during an evacuation drill; and 6) Drills include actual evacuation of individuals to safe areas."

Complaint Information

According to the complaint, elder consumers at START were moved from a building on 12th Street, which was arranged for their specific needs, into an area with other Developmental Training (DT) consumers of various ages at Founders Hall. Information in the complaint indicated that several highly aggressive consumers from a residential setting were admitted to the workshop and placed in the DT program at Founders Hall. When the guardians of several consumers complained about their physically fragile wards being placed in the area with the aggressive clients, the aggressive clients were moved into the 12th street location and the elder consumers were required to move to Founders Hall, a move that was detrimental to their care and services.

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of one member and the HRA Coordinator (Coordinator), conducted a site visit at the facility. During the visit, the Team spoke with the Executive Director, a Program Director, two Direct Service Providers (DSPs) and two elder consumers. During the site visit, the Team conducted a tour of the facility. Prior to the site visit, the Team spoke with two guardians who had wards in the elder program at the facility, and the Coordinator spoke via telephone with an additional guardian. The Executive Director and a Program Manager addressed the allegation with the Authority members during an HRA meeting. The Authority reviewed the following: Consumer's Handbook; Entrance and Exit Criteria for DT Programs; a pamphlet explaining eligibility, services provided, and training; Developmental Training (explanation of services at various areas within the workshop) and various policies relevant to safety measures within the workshop areas.

A....Interviews:

1) Executive Director:

The Executive Director informed the Team that since there is a funding crisis in the state, the most severely affected individuals receive priority for services. When services are requested for an individual with a developmental disability, the person's name is placed on a Prioritization for Urgency of Need for Services (PUNS) list, a statewide database that records information about the individual who is potentially in need of services. The Executive Director stated funding was made available for several young males with severe behavior issues, and those individuals were accepted by residential provider in the workshop catchment area. The Executive Director informed the Team that there are two 16- bed Intermediate Care Facilities for Developmentally Disabled (ICF/DD) and four Community Integrated Living Arrangements (CILAs) that act as "feeders" to the workshop. She stated that individuals living at those facilities are provided serves at START.

The Executive Director stated that the individuals with behaviors problems were receiving DT programming at Founder's Hall until two guardians who had wards in the program registered concerns about the safety of their wards. The Executive Director informed the Team that both guardians related that they would consider moving their wards from the program unless the aggressive recipients were moved to another area away from their fragile wards. The Executive Director stated that when a meeting was held with the guardians, a plan was devised to transfer the more aggressive consumers from Founders Hall into the 12th street location, and incorporate the fifteen elder consumers in with other consumers at Founders Hall. The Executive Director stated that all of the guardians and the elder consumers who are legally competent were contacted regarding the potential move and all agreed to plan. The Executive Director stated that she has spoken with the guardians and the legally competent individuals several times since the move was implemented, and all expressed that there has been no adverse effects resulting from the move. The Executive Director informed the Team that the move has not resulted in overcrowding in either building.

The Executive Director stated that the facility had considered expansion; however due to the state budgetary crisis, the START board made a decision to table the expansion. The Executive Director stated that she has sent a letter to each of the residential facilities to inform them that workshop is unable to admit new consumers

When the Executive Director attended an HRA meeting, she provided information about the various services at START and information pertinent to the allegation. She assured the Authority members that the elder clients' move to Founders Hall has not adversely affected them.

2)...Program Director:

According to a Program Director, the elder recipients have been provided with adequate care and services in both locations. However, Founders Hall is a newer building that was especially designed for persons with disabilities. The building has ample lighting and a sink in

every room of the building. The Program Director stated that the move has been readily accepted by the elder population and has not caused any ill effects.

3...DSPs:

According to DSP I, she had concerns regarding the move since the consumers were familiar with the 12th street location; the area was quiet, and the building was specifically designated for only the elder population. She stated once the move was implemented, she realized that her fears were unfounded. DSP I informed the Team that the move had been more difficult for staff than for the consumers.

DSP II informed the Team that the consumers had adjusted to the move and had not suffered any ill effects.

4)...DT Elder Consumers:

During the site visit, the Team spoke with two elder consumers. Both consumers stated that they enjoyed being in the present area. Neither expressed any concerns or difficulties associated with the move to an area with consumers of various ages.

5)....Guardians

When the Coordinator spoke with Guardian I via telephone, she stated that she has an elder ward who attends DT programming at START. She expressed satisfaction with the services provided at the former and present locations. However, she stated she believes that the elder clients have benefitted from the stimulation of other consumers outside their age group since placement at Founders Hall. Guardian I added that the fencing outside Founders Hall provides a more secure environment for consumers at that building. Guardian I informed the Coordinator that she did not believe that the move has created any adverse consequences for any of the elder consumers.

Guardian II stated that she has several wards in the DT Programs at the facility. She stated that some of the wards, who were very fragile, were housed at Founders Hall with newly admitted aggressive consumers. Guardian II stated the new admissions had the potential to cause significant harm to the tenuous consumers in the area. Guardian II informed the Team that she expressed her concerns regarding her wards safety to the Executive Director and informed her that if the situation was not remedied the wards could potentially be removed from the workshop. Guardian II informed the Team that when a meeting, including START staff and guardians, was held a plan was formulated. The plan resulted in the elder consumers being moved from the 12th street location to Founders Hall and the more aggressive clients moved into the area vacated by the elder consumers. Guardian II stated that the move has provided a safer environment for the elder and more fragile consumers. Additionally, the mixing of the elder clients with other DT clients has been stimulating to the elder population.

Guardian III informed the Team that she agreed with Guardian II. She stated that moving the aggressive clients into the 12th street location has provided a safer environment for her wards. She related that the fenced in area outside Founders Hall is also a factor in the increased safety.

B...Tour

During the site visit, the Team toured the 12th street building and Founders Hall. The Team noted that Founders Hall had a very wide hallway, allowing individuals who use wheelchairs for ambulation to move freely. The two large bathrooms in Founders Hall have numerous, private, easily accessible stools. The Team noted a private area designed for changing consumers. This area contained a sink with a flushing mechanism to aid in clean up of individuals who have toileting accidents. Each room at the location had a sink in the area. Other areas were set aside to enable consumers to rest if needed. One room contained two beds, while another room had several recliners. The Team noted that the Founders Hall building was a newer, larger building with wider halls and more light than the 12th street location.

The Team observed that the Founders Hall location has a covered, sheltered area at the entrance of the building where busses and vans are allowed drive under so that the consumers board or exit the vehicles without being affected by adverse weather conditions. It was also noted that an outside area in the back of the building is fenced providing a safety measure for consumers who might exit the rear door of the facility.

During the tour, the Team observed that the even though there were more consumers in the Founders Hall location it did not appear to be crowded.

C... Program Brochure and Consumer Handbook:

1)... Program Brochure (Brochure):

Information about eligibility, services provided, staff training and the facility's mission statement and vision is incorporated in a Brochure. The eligibility criteria are listed as follows: 1) Must be 18 years of age or older; 2) Must have a diagnosed developmental disability; 3) Must exhibit behavior that does not constitute a threat to self or others; 4) Must meet Medicare Waiver eligibility.

Documentation indicated that the Developmental Training Center is focused on fine and gross motor development; attention span development; grooming, dressing, toileting and eating skills; communication; recreation; behavioral skills development; sensory stimulation and community integration. Founders Hall and 12th street were listed as locations for the DT training.

According to the documentation, the Manning Street Developmental Training Center, another DT site, focuses "on problem solving skills, safety skills, academic development,

exercise and healthful living skills, recreation, community integration and enhancing skills and ability to engage in productive work activities."

Documentation indicated that the Qualified Support Professionals (QSPs) at the facility receive 40 hours of DHS approved classroom instruction and hours of continuing education each year. The DSPs receive 40 hours of DHS approved classroom instruction and 80 hours of on-the-job training.

START's Mission Statement is listed as follows, "To enhance the quality of life for persons with disabilities or other economic, social, and vocation challenges. Services provided should address the social, vocational, and economic needs of each person served."

START's vision "is to be an organization committed to creating opportunities for persons served so they can achieve meaningful participation in the community, and to do so in an environment of dignity and respect and through the highest quality of services."

2)...Consumer Handbook (Handbook):

The Handbook provides information about the addresses of the administrative office, Manning Street DT center, 12th Street DT Center, Founders Hall DT Center, and the production area. The facility phone number, e-mail address, and website information is also listed in the Handbook.

The facility's Mission Statement is listed and information about DT services is explained. DT services are defined as services for persons with disabilities who are in need of training in life skills, vocational, residential and support services.

Services offered are listed as follows: 1) Training to improve a consumer's functioning in the area of life skills; 2) Referrals in order to access community services. Services such as hospital, job training employment, education, leisure, legal, religious and social events/activities; 3) Arrangement for a psychological or psychiatric evaluation and/or consultations; 4) Residential services, assistance with locating housing, and working with landlords; 5) Support services in the home of individuals with disabilities; and 6) 24- hour resident care services.

Consumers are informed that they will be requested to provide proof of their disability. Once eligibility is determined, an appropriate program will be assigned based on their identified needs. An individual plan of treatment will be completed, with the consumer's input and will outline services to be received, goals to be achieved and the length of time anticipated for the achievement. The location where the services will be provided is also identified.

Consumers are informed that complete records of all services provided will be kept. A history or information about a consumer's disability, treatment plans, progress notes, notes from contacts with a case manager, agency services and any testing that has been completed are included. Consumers are informed of the right to review their record and asked to contact their case manager if they desire to do so. Additionally, they are informed that if they wish to have any information removed from their record, they may submit a written request listing the specific

information that they would like removed and the reason for the removal. However, there is no guarantee that the information will be removed; however, consumers are assured that their requests will be heard.

Consumers are informed that their privacy is of primary importance to the facility and information will not be released without their permission. However, there are situations when information may be released without consent. Consumers are requested to speak with their case managers to discuss situations when information without consent will be released

Information in the Handbook informs consumers that the facility has a Grievance/Conflict Resolution Procedure. Consumers are requested to attempt to resolve the conflict; however, if a resolution is not agreed upon, it's START's policy to ensure that the individuals receiving services are given the necessary information in order to implement the grievance procedure.

Consumers are informed that they will be asked to complete a satisfaction survey and the information is used to determine how services can be improved. They are also informed that smoking is not permitted at any START office, facility, vehicle or residence.

D.. Policies.

1)..Developmental Training Policy

The Mission is listed as follows:, " To provide skills training so that individuals with a developmental disability can develop greater independence in life skills, communication, self-help, mobility, learning, language and behavior), advocacy, socialization, recreational opportunities, vocational, transportation, case management, consultation and referral services."

Assessments, functional daily living skills training, advocacy, socialization, recreational opportunities, vocational, transportation, case management, consultation and referral services are listed as services offered. However, services are not limited to those listed.

The target population is listed as a person 18 years or older, who is certified as developmentally disabled, and can provide documentation of the disability with the onset occurring before the age of 18.

The expected outcomes are listed as follows: DT will enhance an individual's ability to engage in productive work activities through a focus on professional development, will improve daily adaptive living skills and augment economic self sufficiency. Individual in the DT program should have a reduction in maladaptive behaviors with a corresponding increase in adaptive behaviors.

The intensity of services is listed as "no less than 240 days a year or a maximum of 1,100 billable hours, Monday through Friday, excluding holidays. Hours of operation are from 8:30 AM until 2:30 PM. Transportation is provided daily to the four agency sites.

The Policy outlines services at the Manning Street location DT training in, "basic academics, nutrition, health and hygiene, self-help skills, recreation, social skills, and community living skills. It additionally provides opportunities for participants to do paid work and various activity programs to develop vocational skills. It is designed to serve individuals with borderline severe/moderate, moderate or mild mental retardation."

The Production DT program offers classes/training in basic academics, nutrition, health and hygiene, self-help skills, recreation, social skills, community living, and vocational skills. "The program is designed for mild and moderate levels of intellectual disabilities who have some basic skills. The program is designed to enhance skill in the vocational area."

The Founders Hall DT program "focuses on fine and gross motor development, attention span development, grooming, dressing, toileting and eating skills, communication, recreation, behavioral skill's development and community integration. Emphasis is also placed on sensory stimulation."

The Policy presented to the HRA had not been changed since the seniors moved from the 12th street area to Founders Hall and listed that the site was for senior citizens with intellectual/developmental disabilities. Services such as socializing, maintaining existing levels of self-help skills, maintaining health and fitness, sensory stimulation and enjoying life at a slower pace were listed.

Documentation in the Founders Hall Section indicated that there had been a large increase in numbers of young males with severe behavioral issues, primarily diagnosed as having Autism. These individuals require greater staff intensity. Due to the high level of personal care and behavioral needs, the level of support need is greater than the recognized model of 1 to 5. Documentation indicated that plans had been initiated to move the individuals with more intensive needs to the 12th street location.

2)...Criteria for Program Exit/Entrance for Developmental Training (Levels I, II, III) Policy

The Purposes Statement is listed as follows," The purpose of this procedure is to establish formalized exit/entrance criteria for the developmental training program. The criteria is established to assure compliance with the applicable rules, regulations and accreditation standards (DHS, Rule 119, CARF Standards). It also serves to assure consistent, objective evaluations of client assessment for movement into and out of the programs."

The admission criteria is listed as follows: 1) certified disabled with preference for developmental disabilities, (i.e. mild, moderate, severe/profound, cerebral palsy), and the onset of the disability occurred prior to the age of 21; 2) at least 18 years of age; 3) doesn't exhibit behaviors that constitute a serious threat to self or others; 3) has one or more deficits in the life skills areas and 5) the availability of a funding source. Anyone who has an IQ over 70 and is currently displaying and/or has a history of extreme violence/maladaptive behaviors are excluded

from admission. In order for a consumer to be re-admitted, he/she must meet the admission criteria and must not exhibit maladaptive behaviors which pose a threat to self or others.

To continue in the DT Program, a consumer must meet all of the criteria listed above as well as the following: 1) continues to have not completed goals and objectives; 2) shows signs of benefiting from continued treatment; 3) continues to indicate willingness to continue treatment; 4) has not exhibited consistent behaviors which would indicate a need for treatment in more restrictive environment; and does not meet or exceed the discharge criteria.

The discharge criteria is listed as follows; 1) exhibits behaviors which constitute a serious threat to themselves or others; 2) has completed all goals and objective in his/her treatment plan; 3) has left the catchment area; 4) has voluntarily discontinued treatment; 5) has been admitted to an inpatient treatment facility; an alternative community based resource becomes available which better meets the consumer's needs and; 6) death of the consumer.

3)...Building Maintenance Policy:

According to the Policy, all agency buildings are surveyed at least quarterly to ensure safety, upkeep, maintenance and overall condition. The survey is completed by the Safety Officer, the building Services Manager and/or an individual designated by the Department Supervisor.

Repeat maintenance is scheduled on a monthly basis and is performed by facility maintenance employees or contracted professionals. Each building has a maintenance log which schedules the repeat maintenance for pest control spraying; heating, ventilation and air conditioning maintenance; fire extinguisher audits and emergency lighting inspections.

A maintenance log is completed by the assigned maintenance staff and regularly reviewed by the Building Services Manager. Items in need of repair are noted on a maintenance Request Form and forwarded to the Building Services Manager. The Building Services Manager's cell phone number is available to appropriate staff so that immediate needs can be reported after working hours. Any safety issue involving imminent danger of consumer, staff, or building occupants will be referred to the appropriate staff for correction and the Executive Director will be notified.

4)....Specialized Training For Adult Rehabilitation In-House Inspection/Safety Training Policy

According to the Policy, each site at the facility has an assigned staff person to perform an inspection, complete a safety inspection report, complete follow-up training and complete appropriate documentation to ensure the health and safety of consumers and employees. Fire drills are held monthly. Training is provided in the procedures to adhere to for the following emergencies: 1) choking/heart attack, 2) floods/thunderstorms; 3) tornado; 4) power failure; 5) hazardous material; 6) bomb threats; 7) poison control; 8) terrorism/violent or threatening situations; 9) earthquakes; 10) infection control; 11) blizzards, ice storms, snowstorms, and 12) seizures.

5) ...Specialized Training for Adult Rehabilitation Policy:

According to the Policy statement, "A committee will be established to review agency related safety issues in order to maintain a health and safe environment." The Safety Officer, Executive Director, Residential Coordinator, Registered Nurse, Coordinator of Rehabilitation Services, Founders Hall Coordinator, Production Coordinator, Janitorial Coordinator and Business Manager are members of the safety committee.

The procedure includes the minimum of four meeting per year to be held in January, April, July and October. The committee reviews 1) client incidents/injuries; 2) staff incidents; 3) medication errors; 4) safety inspection reports for day and residential programming, 5) maintenance preventative and outstanding work orders/requests and 6) review of external reports. After the review is conducted the committee may make suggestions for training or retraining of staff/consumers. The committee will review all safety policies on a yearly basis.

6)....Accessibility Action Plan for 2011

The plan addresses architectural, environmental, financial, employment , communication, attitudinal, transportation, and community integration barriers.

Individual who seek services for the first time are placed on a waiting list was listed as a financial barrier. The need to update and enhance the New Employee Orientation process to ensure agency and program needs are being addressed was listed as an employment barrier.

The lack of the community knowledge or understanding of the agency's services was listed as an attitudinal barrier. START's use of agency vehicles to take individuals to doctor and/or dental appointments, which could be billed to the individual's Medicaid benefit if the agency was listed as a provider was listed as a transportation/financial barrier.

Individuals served have limited resources to participate in community activities and persons in residential settings are limited in community activities due to the type of vehicles used were listed as communication, integration, financial and transportation issues.

For each barrier identified, an action step was listed to alleviate the barrier(s) and responsibility was assigned to specific staff members.

E...Facility Safety/Housekeeping Checklists (Checklists) (12th Street and Founders Hall)

The Authority reviewed Checklists completed for both locations for the months of June, July and August 2011. The following safety areas were included in the survey: "1) posting of statement of rights and medical emergency procedures;... 9) Medication properly stored and double locked in residential setting; 10) first aid kit checked and documented within last quarter an easily accessible; 11) emergency telephone numbers posted by phone; 12) phones in working condition;"

Additional housekeeping areas such as trash cans emptied and clean, refrigerator clean, carpets/tile floor clean, burned out light bulbs, etc. are also checked on a monthly basis at both facilities.

Emergency drills are documented, including the date, consumers present for the drill, staff present for the drill and any recommendations for improvement.

F...Office of the State Fire Marshall Inspection Report:

The Authority reviewed a report dated 12/21/10 indicating that an inspection had been completed at the DT Training sites. The Inspector recorded that no violations were observed during the inspection.

CONCLUSION

The complaint states that clients in the seniors program at START are not being provided with adequate care and services when they were moved from a site used exclusively by them to a site that served individuals of various ages and needs, including clients with aggressive behaviors.

The agency and guardians reported that once concerns about the placement changes were expressed, a plan was developed and carried out to move consumers with aggressive behaviors to a different location. Consumers and guardians had the opportunity to provide input during the plan's development and implementation.

Although potential safety concerns were shared by the guardians, there appears to have been no adverse effects from the move and no resulting incidents. The HRA found numerous and varied measures in place to protect consumer safety. The HRA does note that the DT policy specifies that the program for older consumers is at the 12th street location and the admission/discharge policy indicates that program applicants with aggressive behaviors are not admitted and consumers who display aggressive behaviors are subject to discharge. The Executive Director reported that the admission of younger males with aggressive behaviors occurred based on need and available funding.

The Mental Health and Developmental Disabilities Code and regulations that govern DT programs guarantee consumers the right to be free from abuse and the right to have adequate care and treatment. Rule 119 specifies guarantees associated with a safe working environment.

Because there were no incidents resulting in harm to the older consumers, no adverse effects as reported by the guardians and agency representatives, multiple safety measures in place and guardian concerns were addressed in a prompt manner prior to the HRA's investigation, the HRA does not substantiate the complaint that participants of the seniors

program are not provided with adequate care and services. However, the HRA recognizes that potential risks could have been realized had the guardians' concerns not been addressed. Therefore, the HRA strongly suggests the following.

1. When program changes occur, review mandates to ensure compliance with rights protections and seek input from various stakeholders, including the consumers, their families, their guardians and the agency's behavior management committee.
2. Review and update the DT policy that specifies seniors are served at a specific location.
3. Review the agency's admission and discharge policy pertaining to individuals with aggressive behaviors and consider the need for revisions. Involve the behavior management committee in the policy review.
4. Consider the need for additional supports, services, programming, staff training, etc. due to the admission of individuals with behavioral needs. Again, involve the agency's behavior management committee.
5. The HRA noted that with regard to record content disputes, the agency will consider removing items at the consumer's request but there is no guarantee that the items will be removed. The HRA reminds the agency that the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4 c) allows individuals to have written, disputed statements entered into the record and such statements are to accompany that portion of the record if disclosed.